

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of	)	<b>Mail Stop RCE</b>
Catherine Hedouin	)	Group Art Unit: 1793
Application No.: 10/519,040	)	Examiner: Diana J. Liao
Filing Date: September 21, 2005	)	Confirmation No.: 7039
Title: COMPOSITION BASED ON	)	
ZIRCONIUM OXIDE AND OXIDES OF	)	
CERIUM, LANTHANUM AND OF	)	
ANOTHER RARE EARTH, A METHOD	)	
FOR PREPARING SAME AND USE	)	
THEREOF AS CATALYST	)	

REQUEST FOR CONTINUED EXAMINATION (RCE)  
TRANSMITTAL

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer Number **21839**

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 of the above-identified application.

1. ☒ a. Applicant(s) requests that any previously unentered after final amendments **not** be entered. Continued examination is requested based on the enclosed documents identified in item 1.c. below.
- 
- ☐ b. Applicant(s) previously submitted the following document(s) for which continued examination is requested:
- ☐ i. Consider the amendment previously filed on \_\_\_\_\_.
  - ☐ ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_.
  - ☐ iii. Other: \_\_\_\_\_
- ☒ c. The following documents are enclosed with this submission:
- ☒ i. Amendment/Reply
  - ☒ iv. Petition for Extension of Time
  - ☐ ii. Affidavit(s)/Declaration(s)
  - ☒ v. Other: Declaration Pursuant to 37 C.F.R. §1.132 of Simon Ifrah, PhD
  - ☒ iii. Information Disclosure Statement

2. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed three months. **Fee under 37 CFR § 1.17(i) required.**)
3. ☒ **The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed.** The fee is calculated below on the basis of the highest number of claims previously paid for in this application prior to this submission.

					FEES
RCE Fee (1801)					\$ 810
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	
Total Claims	18	20	0	x 52 (1202)	\$ 0
Independent Claims	1	3	0	x 220 (1201)	\$ 0
<b>Total Fee</b>					<b>\$ 810</b>
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Application Fee					\$ - 0
<b>TOTAL APPLICATION FEE DUE</b>					<b>\$ 810</b>

4. ☐ Charge \_\_\_\_\_ to Deposit Account No. **02-4800** for the fee due.
5. ☒ Charge \$ 810 to credit card for the fee due.
6. ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800.

Respectfully submitted,

BUCHANAN INGERSOLL &amp; ROONEY PC

Date: November 9, 2009

By:

  
 Scott W. Cummings  
 Registration No. 41,567

**Customer No. 21839**  
 703 836 6620